



**Testimony on behalf of the:**  
**Connecticut Academy of Family Physicians and Connecticut State Medical Society**  
**House Bill 5447 An Act Concerning Prior Authorization for Health Care Provider Services**  
**Insurance and Real Estate Committee**  
**March 17, 2022**

Senator Lesser, Representative Wood and distinguished members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the Connecticut Academy of Family Physicians (CAFP) and the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide testimony on **House Bill 5447, An Act Concerning Prior Authorization for Health Care Provider Services**.

CAFP and CSMS would like to thank this Committee for introducing legislation that addresses health plan prior authorization requirements. Almost universally, our members cite prior authorization burdens as the number one issue facing their patients and practices. Let me illustrate how prior authorizations hurt the patients of Connecticut.

Just yesterday, a lovely 100-year-old frail debilitated patient of mine was discharged from St Francis Hospital. She not only has COVID despite being vaccinated, but also was found to have profuse diarrhea due to a bacterial infection known as C. Diff. She was dangerously dehydrated from just a few days of this illness. She was treated in the hospital for her C. Diff with the universally recommended standard of care antibiotic, vancomycin. Because of her declining health status, she is unable to swallow pills so liquid vancomycin was provided.

She is now going on her 2<sup>nd</sup> day without vancomycin because her insurance requires a prior authorization. In addition, until prior payor standard processes are completed, there is no one to accelerate my significant concerns to. A peer-to-peer conversation only occurs when all other procedures typically required by the payor have been completed. Her diarrhea has reoccurred. This is wrong!

Let's look at another patient in my practice who is also elderly and a diabetic. He had been using a specific glucometer for several years. He has some mild cognitive impairment but is by no means demented. Unfortunately, his glucometer broke a few weeks ago. I reordered the same brand. His insurance, however, would not allow the same glucometer without a prior authorization and that fact that he was accustomed to another machine was not a valid reason to continue with the same model. On a follow-up visit, I asked what his sugars were, and he shamefully admitted he was not taking them. As this is a normally very compliant patient in my practice, I asked why. He stated that he could not figure out how his new glucometer worked and was too embarrassed to ask for assistance.

On a less serious note, I have had numerous patients who have had soft tissue injuries in various joints. How do I know that? I did a thorough history and a physical exam. There was no significant trauma. Yet, prior to getting any soft tissue imaging, I am constantly being required to get an x-ray of the same area, an x-ray that only shows bones, arthritis and fractures, and does not show soft tissue, and which exposes the patient to radiation and often adds to unnecessary expenses for the patient.

For every prior authorization, for every peer-to-peer, health care expenses increase due to additional staffing requirements. Patient care decreases as attention is diverted from direct patient care to often just bureaucratic issues.

I am heartened to see that the prior authorization issue is being paid attention to. I believe that this is a start to solving the issue. We need to continue to work on refining this to be a more equitable, pragmatic and efficient solution. Thank-you.